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TC 1700

TRANSMITTAL FORM
(to be used for all correspondence after initial filing)

Application Number		09/601,310
Filing Date		May 15, 1999
First Named Inventor		Sang-young Lee
Group Art Unit		1711
Examiner Name		S. Berman
Total Number of Pages in This Submission	17	Attorney Docket Number
		57899/110 (FPC99026-PCT/US)

ENCLOSURES (check all that apply)

- | | | |
|--|---|--|
| <input checked="" type="checkbox"/> Fee Transmittal Form
<input checked="" type="checkbox"/> Fee Attached
<input checked="" type="checkbox"/> Amendment / Reply
<input type="checkbox"/> After Final
<input type="checkbox"/> Affidavits/declaration(s)
<input checked="" type="checkbox"/> Extension of Time Request
<input type="checkbox"/> Express Abandonment Request
<input type="checkbox"/> Information Disclosure Statement
<input type="checkbox"/> Certified Copy of Priority Document(s)
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application
<input type="checkbox"/> A copy of the Notice to Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Assignment Papers (for an Application)
<input type="checkbox"/> Drawing(s)
<input type="checkbox"/> Declaration and Power of Attorney
<input type="checkbox"/> Licensing-related Papers
<input type="checkbox"/> Petition
<input type="checkbox"/> Petition to Convert to a Provisional Application
<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address
<input type="checkbox"/> Terminal Disclaimer
<input type="checkbox"/> Request for Refund
<input type="checkbox"/> CD, Number of CD(s) _____ | <input type="checkbox"/> After Allowance Communication to Group
<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Status Letter
<input type="checkbox"/> Application Data Sheet
<input type="checkbox"/> Request for Corrected Filing Receipt with Enclosures
<input checked="" type="checkbox"/> A self-addressed, prepaid postcard for acknowledging receipt
<input type="checkbox"/> Other Enclosure(s) (please identify below): |
|--|---|--|

Remarks

The Commissioner is hereby authorized to charge any additional fees required or credit any overpayments to Deposit Account No. 14-1138 for the above identified docket number.

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Georgia Evans, Esq. Nixon Peabody LLP Clinton Square, P.O. Box 31051 Rochester, New York 14603-1051 Telephone: (585) 263-1672 Fax: (585) 263-1600
Signature	
Date	August 5, 2003

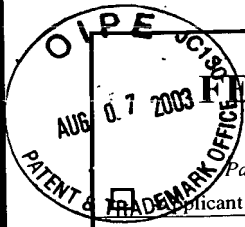
CERTIFICATE OF MAILING OR TRANSMISSION [37 CFR 1.8(a)]

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August 5, 2003
Date

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Peggy S. Dirmyer
Typed or printed name



FEE TRANSMITTAL FOR FY 2003

Patent fees are subject to annual revision.
Applicant claims small entity status. See 37 CFR 1.27

Complete if Known

Application Number	09/601,310
Filing Date	May 15, 1999
First Named Inventor	Sang-young Lee
Examiner Name	S. Berman
Art Unit	1711
Attorney Docket No.	58799/110 (FPC99026-PCT/US)

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TOTAL AMOUNT OF PAYMENT (\$ 930)

METHOD OF PAYMENT (check all that apply)

Check Credit Card Money Order Other None

Deposit Account:
 Deposit Account Number: 14-1138
 Deposit Account Name: Nixon Peabody LLP

The Commissioner is authorized to: (check all that apply)
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 Charge any additional fee(s)
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FEE CALCULATION (continued)

3. ADDITIONAL FEES									
		Large Entity	Small Entity			Fee Description			
Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Code	Fee (\$)				
1051	130	2051	65			Surcharge - late filing fee or oath			
1052	50	2052	25			Surcharge - late provisional filing fee or cover sheet			
1053	130	1053	130			Non-English specification			
1812	2,520	1812	2,520			For filing a request for <i>ex parte</i> reexamination			
1804	920*	1804	920*			Requesting publication of SIR prior to Examiner action			
1805	1,840*	1805	1,840*			Requesting publication of SIR after Examiner action			
1251	110	2251	55			Extension for reply within first month			
1252	410	2252	205			Extension for reply within second month			
1253	930	2253	465			Extension for reply within third month			
1254	1,450	2254	725			Extension for reply within fourth month			
1255	1,970	2255	985			Extension for reply within fifth month			
1401	320	2401	160			Notice of Appeal			
1402	320	2402	160			Filing a brief in support of an appeal			
1403	280	2403	140			Request for oral hearing			
1451	1,510	1451	1,510			Petition to institute a public use proceeding			
1452	110	2452	55			Petition to revive - unavoidable			
1453	1,300	2453	650			Petition to revive - unintentional			
1501	1,300	2501	650			Utility issue fee (or reissue)			
1502	470	2502	235			Design issue fee			
1503	630	2503	315			Plant issue fee			
1460	130	1460	130			Petitions to the Commissioner			
1807	50	1807	50			Processing fee under 37 CFR 1.17(q)			
1806	180	1806	180			Submission of Information Disclosure Stmt			
8021	40	8021	40			Recording each patent assignment per property (times number of properties)			
1809	750	2809	375			Filing a submission after final rejection (37 CFR 1.129(a))			
1810	750	2810	375			For each additional invention to be examined (37 CFR 1.129(b))			
1801	750	2801	375			Request for Continued Examination (RCE)			
1802	900	1802	900			Request for expedited examination of a design application			
Other fee (specify) _____									
*Reduced by Basic Filing Fee Paid						SUBTOTAL (3) (\$ 930)			

FEE CALCULATION

1. BASIC FILING FEE

Large Entity Fee Code	Large Entity Fee (\$)	Small Entity Fee Code	Small Entity Fee (\$)	Fee Description	Fee Paid
1001	750	2001	375	Utility filing fee	
1002	330	2002	165	Design filing fee	
1003	520	2003	260	Plant filing fee	
1004	750	2004	375	Reissue filing fee	
1005	160	2005	80	Provisional filing fee	
SUBTOTAL (1)					(\$ 0)

2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE

Total Claims: 16 -31** = 0 X 0 = 0

Independent Claims: 2 -4** = 0 X 0 = 0

Multiple Dependent Claims: X 0 = 0

Large Entity Fee Code	Large Entity Fee (\$)	Small Entity Fee Code	Small Entity Fee (\$)	Fee Description	Fee Paid
1202	18	2202	9	Claims in excess of 20	
1201	84	2201	42	Independent claims in excess of 3	
1203	280	2203	140	Multiple dependent claim, if not paid	
1204	84	2204	42	** Reissue independent claims over original patent	
1205	18	2205	9	** Reissue claims in excess of 20 and over original patent	
SUBTOTAL (2)					(\$ 0)

**or number previously paid, if greater; For Reissues, see above

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August 5, 2003
Date

Signature
Peggy S. Dimmyer
Typed or printed name

SUBMITTED BY		Complete (if applicable)	
Name (Print/Type)	Georgia Evans	Registration No.	44,597
Signature		Telephone	(585) 263-1672
		Date	August 5, 2003

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